



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Doctors Hospital at Renaissance

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-17-2892-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

May 31, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

**Amount in Dispute:** \$401.68

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Texas Mutual declined to pay codes 73130 and 29131 as they have a status indicator (SI) "Q1", which cannot be billed separately on the same date of service when a code with SI "S" is billed. Code 90471 has SI "S." Texas Mutual declined to pay code 99204 as it has SI "B", which cannot be paid under OPPS. Texas Mutual declined to pay code 96372 as it has SI "E", which cannot be paid on any outpatient bills."

**Response Submitted by:** Texas Mutual

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 22, 2017	73130, 20131, G0463 [sic] 99204	\$401.68	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdiction fee schedule adjustment

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 617 – This item or service is not covered or payable under the Medicare outpatient fee schedule
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

### **Issues**

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

### **Findings**

1. The insurance carrier denied disputed services with claim adjustment reason code 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

28 Texas Administrative Code §134.403 (3) (d) states in pertinent part,

"Medicare payment policy" means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

(d) For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided

Review of the Medicare payment policy finds the following:

- Procedure code 73130 has status indicator Q1, Packaged APC payment if billed on the same date of service as a code assigned status indicator "S." Review of the medical claim finds Code 90471 and 96372 both have "S" status indicators. Therefore, separate reimbursement is not recommended.
- Procedure code 29131 has status indicator Q1, Packaged APC payment if billed on the same date of service as a code assigned status indicator "S." Review of the medical claim finds Code 90471 and 96372 both have "S" status indicators. Therefore, separate reimbursement is not recommended.
- Procedure code 99204 has status indicator B, denoting codes not paid under OPPS. Payment is not recommended.

The insurance carrier's denial reason is supported. Additional reimbursement cannot be recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	June 20, 2017 _____ Date
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### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**